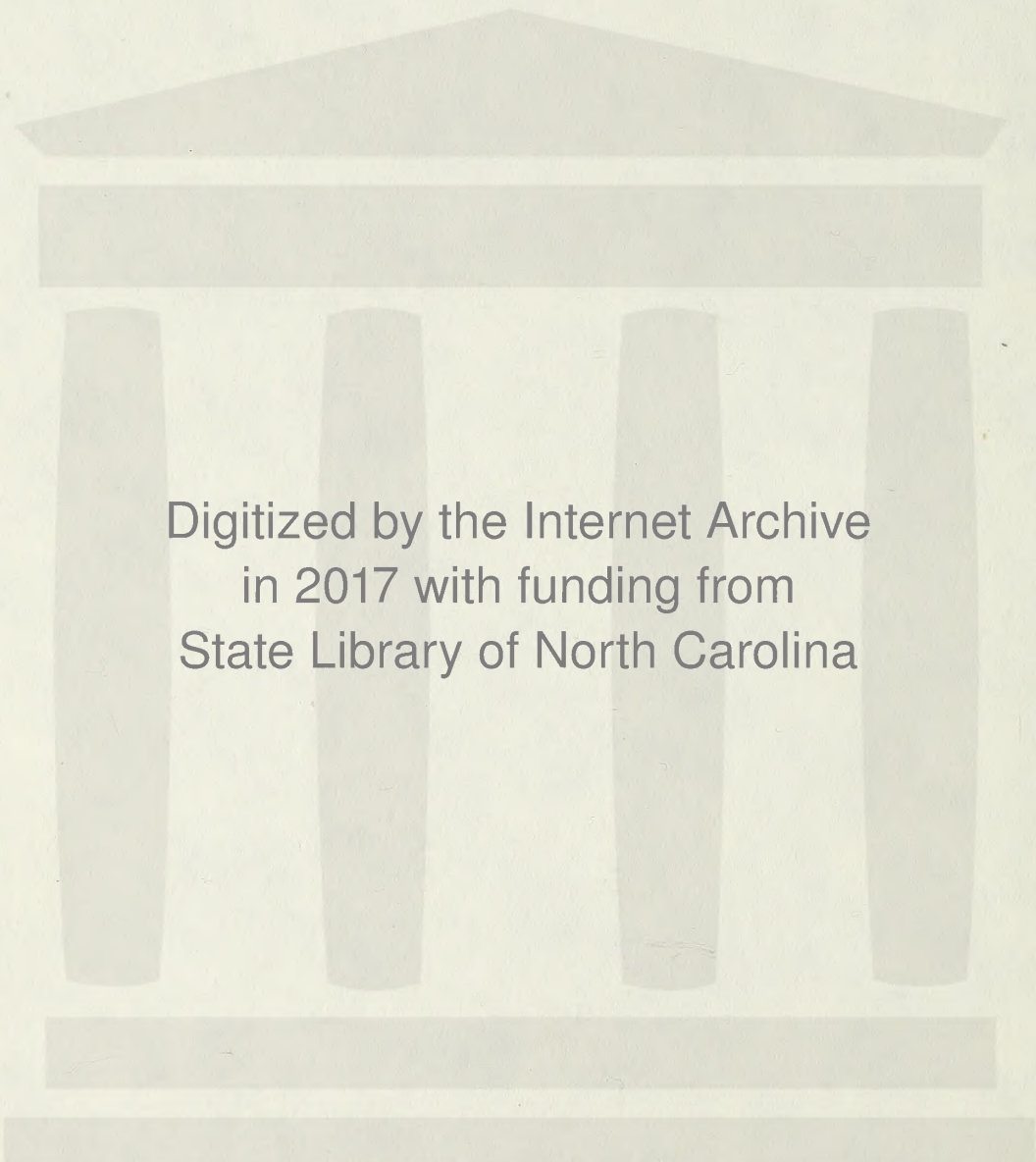

THE GOVERNOR'S CONFERENCE ON CHILD ABUSE

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COORDINATING COMMITTEE ON CHILDREN WITH SPECIAL NEEDS, NORTH CAROLINA HEALTH COUNCIL

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This conference was made possible by a contribution from the Alfred I. duPont Institute of the Nemours Foundation.

"To seek new means for preventing these tragic occurrences . . ."

GOVERNOR DAN K. MOORE

MEMBERS, COORDINATING COMMITTEE ON CHILDREN WITH SPECIAL NEEDS NORTH CAROLINA HEALTH COUNCIL

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ROUGH DRAFT

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FOREWORD

In 1965 the North Carolina Legislature acted upon the problem of child abuse. The legislation was sponsored by the North Carolina Council on Mental Retardation and was patterned after the model acts described by the American Medical Association and the Children's Bureau, Department of Health, Education, and Welfare, and included these several features.

1. Allowing for reporting by physician, institution, nurse, teacher, and social worker of incidences of child abuse.

2. Establishing a procedure for reporting.

3. Providing immunity from liability for the reporter, provided that the report was not made with a malicious intent.

4. Establishing that the physician-patient privilege could not be a ground for excluding evidence.

5. Establishing a mechanism for investigation of the report and appropriate action.

Following the passage of this act, there was great discussion as to the relative merits of the act and Mr. Mason Thomas of the Institute of Government did a review of the act. From the beginning, there has been concern expressed about the effectiveness of the law. There is evidence of a lack of awareness of the law and therefore it is difficult to assess its value. In addition, there has been expressed concern that the law might increase the hazards for the child in a sense that fewer children might be brought to medical attention. Finally, many people questioned the soundness of the suggested language of the law which appears to recommend punitive rather than corrective action for the family.

These problems were discussed by the Medical Committee of the Council on Mental Retardation, the Committee for the Handicapped Child of the North Carolina Health Council, the Departments of Health, Education, Welfare, and Mental Health. It was

felt that there was need for a generalized conference on child abuse to alert people in the various disciplines to the problems associated with such legislation and its implementation. It seemed appropriate that discussion should center about the various aspects of the problems associated with child abuse and that the North Carolina legislation offered an opportunity for such a forum. As a result, the concept of the Governor's Conference on Child Abuse was developed by the Committee on the Handicapped Child of the North Carolina Health Council and support from the Nemours Foundation for such a Conference was requested.

The Conference was convened at the Sir Walter Hotel in Raleigh November 22, 1966 and had an attendance of over 650 people representing disciplines of medicine, nursing, public health, mental health, social welfare, education, juvenile courts, law enforcement, and many voluntary health and social organizations. It was felt that the conference was a success.

Appropriate recognition must be given to the Departments of Health, Education, Welfare, Mental Health, and the Governor's Council on Mental Retardation for their wholehearted endorsement of the program. Special recognition must be given to Mr. William Callaway, Social Work Consultant of the State Board of Health, and Mrs. Cleta Covington of the North Carolina Council on Mental Retardation for their valuable assistance in arranging the conference. Finally, our expressed appreciation to Dr. A. R. Shands, Medical Director of Alfred I. duPont Institute of The Nemours Foundation, for his wholehearted support and for the financial assistance which made the Conference possible.

T. D. Scurletis, M. D., Chairman
Committee for the Handicapped Child
North Carolina Health Council
and
Acting Director, Personal Health Division
State Board of Health

ADDENDUM

AN ACT TO CONFER IMMUNITY ON PHYSICIANS AND OTHER PERSONS WHO REPORT PHYSICAL ABUSE AND NEGLECT OF CHILDREN AND TO AMEND SECTIONS OF THE GENERAL STATUTES TO PREVENT CONFLICT BETWEEN STATUTES AS TO WHETHER THE RELATIONSHIP OF HUSBAND AND WIFE OR PHYSICIAN AND PATIENT WILL PREVENT THE INTRODUCTION OF EVIDENCE OR TESTIMONY.

The General Assembly of North Carolina do enact:

Section 1. Article 39 of Chapter 14 of the General Statutes is hereby amended by adding new Sections immediately following G. S. 14-318.1, and immediately preceding G. S. 14-319, to be numbered G. S. 14-318.2 and G. S. 14-318.3 and to read as follows:

"G. S. 14-318.2. Immunity of Physicians and Others Who Report Abuse or Neglect of Children. Any licensed physician or surgeon, any licensed nurse, any school teacher, principal, Superintendent, or other administrative head of a school, or any employee of a county department of public welfare, who in the pursuit of his profession or occupation shall make an observation or acquire information causing him to believe that a child under the age of sixteen years suffers from any illness or has had any injury inflicted upon him as a result of abuse or neglect by a parent, step-parent, guardian, custodian, a person standing in loco parentis to such child, or an institution, or an agent or employee of an institution, having the authority of a parent or guardian over such child, may report to the county director of public welfare of the county where the child resides, the names and addresses of the child and his parents or other persons responsible for his care, the age of the child, the nature and extent of the child's injury or illness, including any evidence of previous injury or illness and any other information that the maker of the report shall believe might be helpful in establishing the cause of the injury or illness and the identity of the person causing or responsible for the abuse, neglect, injury or illness.

"Anyone who makes a report pursuant to this statute and anyone who testifies in any judicial proceeding resulting from the report shall be immune from any civil or criminal liability that might otherwise be incurred or imposed for so doing, unless such person acted in bad faith or with malicious purpose.

"G. S. 14-318.3. County Department of Public Welfare to Investigate. The county director of public welfare upon receiving the report referred to in G. S. 14-318.2, shall investigate to attempt to determine who caused the abuse, neglect, injury or illness, and shall take such action in accordance with law necessary to prevent the child from being subjected to further abuse, neglect, injury or illness."

Sec. 2. Physician-Patient; Evidence not Privileged. Notwithstanding the provisions of G. S. 8-53, the physician-patient privilege shall not be a ground for excluding evidence regarding the abuse or neglect of a child under the age of sixteen years or regarding an illness of or injuries to such child or the cause thereof, in any judicial proceeding resulting from a report pursuant to this Act.

Sec. 3. All laws and clauses of laws in conflict with this Act are hereby repealed.

Sec. 4. This Act shall become effective July 1, 1965.

In the General Assembly read three times and ratified, this the 11th day of May, 1965.

KEYNOTE ADDRESS
Lieutenant Governor Robert W. Scott

Dr. Scurletis, distinguished conference participants, ladies and gentlemen.

As I understand it, a keynoter is one who is supposed to set forth the fundamental facts of the subject at hand and perhaps outline the central idea of a particular meeting or conference.

I feel, therefore, that keynoting this conference to you in this audience would be a waste of your time, because you, as professionals in your respective fields, are far more knowledgeable about the facts of child abuse than I. And certainly you have the central idea of the purpose of what this conference is all about.

I do believe, however, that there is much value that can come from this meeting. You have as panelists this morning speakers of national reputation to appraise you of the broad situation from the national viewpoint. Certainly this will help in appraising our situation on child abuse in North Carolina in relation to what is happening in other states and what they are doing about the problem. I'm sure we will profit by their broad knowledge and experience.

It is apparent that more and more in recent years, especially since the early 1960's, professional literature has included reference to the problems of child abuse. Most conferences on child welfare or juvenile courts have included speakers on the subject. State legislatures, including our own, have received demands for legislation to deal with the problem.

This conference, if nothing else, should serve to direct our attention to this problem. If the conference proceeds as I think it will, there will be challenging ideas projected, thought-provoking questions raised and valuable information and experiences shared. Who knows, perhaps the genesis of an answer or two may be sparked here today.

At least there should come from this gathering a stimulation for additional such conferences to build upon the information already obtained for those who may wish to ask additional questions or to probe the subject in further depth.

I note that this afternoon on your panel, you will have representatives of state educational, medical, and welfare agencies as well as the chairman of the Wake County Council on Mental Retardation.

I only wish that you had the time to involve more of our state and local government agencies, as well as other professional groups such as lawyers, clergymen, psychologists, civic groups and others.

For if there is to be a solution to any problem, that problem must be clearly defined and completely understood, not only by the professional groups who deal with the situation regularly, but by those in indirectly related fields of endeavor. Having first done this, then, and only then, can you adequately explain the problem to the public at large.

If there are solutions to the problem of child abuse, and I'm sure there are, you cannot expect the public to support programs aimed at reducing incidences of child abuse until you have fully informed the public about both the problem and the solution.

Therefore, it is imperative, in my judgment, that as many agencies as possible, public and private, local, state and national, be involved in the total effort.

A moment ago I mentioned that many legislatures, including our own, have been asked to enact laws dealing with child abuse.

The 1965 General Assembly of North Carolina adopted a modified form of the model act that has been proposed. As Mason Thomas said in his article on Child Abuse Cases printed in the October 1965 issue of Popular Government magazine, this act reflects increasing concern about this problem in North Carolina.

While there are some who disagree with the enacted legislation and believe it should have been stronger by making certain provisions mandatory, there is general agreement that the changes adopted were much needed steps in the right direction. It appears to be a beginning toward a broader understanding of this complex problem and at least we are willing to officially recognize that the problem of child abuse does indeed exist and it must be dealt with.

Doubtless there will be proposals for additional legislation in the future. This is only proper as we seek to achieve better protection and community planning for abused children in our State.

We should not rush into such legislation, however, until we are sure just what needs to be done. The area of child abuse is both sensitive and complex. We are dealing with an illusive subject. Therefore, there needs to be careful and detailed studies in depth to be sure of our ground in order that we might proceed on a sound basis. Let us make progress, but let it be a deliberate progress.

Governor Moore has said that we must "seek new means for preventing these tragic occurrences." To <u>seek</u> these new means implies researching, analysing, planning, educating and involving. It means total effort on the part of many people. It means aggressive leadership both without and within government.

As you begin this conference, do not get so involved that you lose sight of the central problem or your ultimate objective - the protection of the child. Give of your best efforts both here and now and in the weeks and months ahead.

Let us all remember our responsibility, regardless of our chosen profession, to build a better North Carolina for <u>all</u> our citizens.

Let this conference be permeated with determination and resolution.

Let your total efforts be such that when you adjourn, there will be tangible evidence that you have paved another mile on North Carolina's road of progress.

NATIONAL ASPECTS OF CHILD ABUSE

Alice D. Chenoweth, M.D.
Chief, Program Services Branch
Division of Health Services
Children's Bureau

The subject we are about to discuss today is a very complex one, far more than was realized when public awareness began to be focused on it. Though instances of aggressive acts to children had been reported in the press, it was not until about 1960 that the increasing number of reports convinced our staff that further study of the problem was needed.

A committee representing the various divisions and disciplines of the Children's Bureau was formed to pool what information each had and to discuss what action, if any, the Bureau should take. Some of the questions which needed to be answered were:

- was the occurrence of child abuse a rare, isolated phenomenon, or was it widespread?
- was it a new problem? If new, were its root causes to be found in new stresses in our society? If not new, why were we only now becoming aware of it?
- was it a problem among all classes of society or did it occur chiefly among lower classes whose acts of aggression are not overt?

Early in our discussions we decided to confine our inquiries to the physically abused child rather than on the subtle (though equally damaging) problem of psychological abuse; nor would we include the important, but diffuse, problem of child neglect.

Staff, both in Washington and in Regional Offices, collected information on the abused child from all sources with whom they had contact - Health and Welfare

agencies, hospitals, professional and voluntary agencies, newspaper stories, etc. The problem took on greater proportions as the evidence of inflicted injury to children accumulated.

Reports of child abuse also attracted the attention of the Children's Division of the American Humane Society. In order to get an estimate of the incidence of child abuse, they undertook a collection of cases reported in newspapers during 1962; they found 662, three-fourths of these injuries were caused by parents; almost one-fourth were serious enough to cause the death of the child.

In 1962 an article by Dr. C. Henry Kempe and associates reported the results of a survey of 71 hospitals where 302 cases had been seen in the period of a year: 33 children had died and 85 had suffered permanent injury. Of 77 District Attorneys who knew of 447 cases in the same period, 45 children had died and 29 had suffered permanent brain damage. In October 1962, an advisory committee to the Children's Division of American Humane Society, unanimously endorsed reporting by medical practitioners and hospital personnel of suspected inflicted injuries on children. The Children's Division of the American Humane Association has made two analyses; the second was of 47 State laws passed in 1963, 1964, and 1965.

The symposium on the Battered Child, given at the annual meeting of the American Academy of Pediatrics in October 1961, provided further impetus to the Children's Bureau to act. Therefore, in January 1962, the Bureau convened a group of consultants to discuss the problem. The conclusion of these experts was that the Bureau should have a permanent committee representative of social workers, juvenile courts, and doctors to develop (1) educational materials for dissemination and (2) basic provisions of needed legislation. A few months later, in May 1962, a small group of social workers, juvenile court judges, a lawyer, a police official, and physicians was invited to Washington by the Children's Bureau to further consider child abuse. Agreeing that legislation was needed, the group drew up specifications

for a law for reporting child abuse. Using their conclusions as a basis, the Children's Bureau, in conjunction with the Office of the General Counsel of the U. S. Department of Health, Education, and Welfare,prepared a statement of "principles and suggested language for State legislation on reporting of the physically abused child", which was published by the Bureau in 1963 under the title, "The Abused Child". This small booklet has been widely disseminated. In the same year the Children's Division of the American Humane Association published "Guidelines for Legislation to Protect the Battered Child".

Legislative Action

By this time State legislatures and many persons had been aroused by stories of inhuman acts of cruelty to children. In State after State individuals with a variety of professional backgrounds, voluntary organizations and official agencies joined forces in pushing the legislation. "What evidence exists demonstrates the dearth of active opposition to child abuse bills", reported an article in the George Washington Law Review.1/ "Few recent social causes have aroused public sensibility, or created as much concern, as has our present awareness that child abuse is a shocking reality and a growing problem. It is a phenomenon common to every community. It knows no bounds in relation to economic or educational level of parents", wrote Vincent De Francis.2/

In the history of the U.S., few legislative proposals have been so widely adopted in such a short time. This rush of legislation in behalf of child abuse victims began in 1963; within four legislative years 49 States, the Virgin Islands and the District of Columbia, passed a child abuse reporting law. Eleven were passed in 1963; 10 in 1964; 26 in 1965; and 4 in 1966.

1/ Child Abuse Reporting Laws - some legislative history, George Washington Law Review, 34: No. 3: 502, March 1966.

2/ Child Abuse Legislation, Analysis of Reporting Laws in the U.S., Vincent De Francis, Children's Division, the American Humane Association, page 1.

But, impressive as is the record of the passage of 51 reporting laws, it is only the first step in correcting child abuse. To implement the State laws a deeper understanding will be required by doctors and hospitals, courts, protection agencies, and police of their own responsibility as an essential part of the coordinated, total services needed by children and parents. Also, community organization, planning and additional funding will be needed to utilize present resources and to develop new services necessary to bring about remedial action.

Health and Welfare Action

Already the number of cases reported is far greater than was anticipated. Consequently, even where a child protective service exists, it is likely to be inadequate to cope with the volume of referred cases. Some States are making progress in improving or developing child protective services, but much more needs to be done to prevent the long periods between reporting and initiation of action.

For example, Connecticut and Massachusetts are establishing protective services in their public welfare agencies for the first time; Michigan and Illinois are expanding their child protective services; and, in some States, innovations such as a central registry of cases, 24-hour services, emergency shelter care, and increased homemaker services have been added to back up case work services.

As a result of new health legislation, medical care services also should be more readily available for physically abused children.

During the 1960's interest in the physically abused child has continued to mount; one evidence is the number of articles in the medical literature and the press. Only one to two articles per year appeared in medical journals before 1961-62, when that number increased to 15; the National Library of Medicine found 78 citations on the "Battered Child Syndrome" between mid-1963 and July 1965.

Children's Bureau staff today provide consultation, and answer many inquiries. At a recent annual meeting, our social service staff recommended that the

highest priority be given to development of child protective services. Our juvenile delinquency staff continue to work on the problem from the point of view of the juvenile courts; and both the health and the social service staffs encourage studies on problems related to child abuse.

From October 1964, for one year, the Children's Bureau had a full-time consultant on child abuse who was both a lawyer and social worker.

Research

A wise program of action must be based on sound medical (including psychiatric), social, and legal research. The Children's Division of the American Humane Association is currently working on Part II of their research project to assess the availability and adequacy of Child Protective Services in the United States. Also, the Children's Bureau is currently supporting several studies: one, an epidemiologic study of child abuse in which North Carolina is cooperating; several others are exploring the wide range of services needed by abused children and their families; and one or two others are determining the characteristics of parents who attack their children.

Any subject which involves human behavior, feelings, and attitudes, not only of parents and child care takers but also of the helping professions as well, is understandably difficult. Add to this the need to mobilize and develop community resources and the problem is compounded. North Carolina is to be congratulated on its concern for these problems as evidenced by this Governor's Conference. Appreciation is due Dr. Alfred Shands and the Nemours Foundation for supporting it. Through meetings such as this and the Public Welfare Institute held last week for the North Carolina Public Welfare staff, the problem can be explored with resulting benefit for children

CHILD ABUSE: THE FAMILY'S CRY FOR HELP

Elizabeth Elmer, M.S.S.*
Director of the Infant Accident Study
Children's Hospital, Pittsburgh

One day last week a young mother, Mrs. Ross, and her third child, a three-month-old infant, appeared in our office for an appointment with the pediatrician. This was one step in our current study of infant accidents which is based on the referral of the child to the x-ray department of Children's Hospital following a traumatic event which could result in bone injuries. The mother was an attractive woman of nineteen and the baby, though unusually small, was responsive and appealing. On his right arm he was wearing an incongruous appearing cast because of a fracture of the radius first noticed when his mother had lifted him by the arm. Before this appointment the mother had talked with the social work researcher and had shown a positive attitude toward involving herself in our study. She also had expressed concern about a lump on the baby's right shoulder which she wanted to have evaluated by a physician.

We found that the baby had an adequate social development for his age and appeared to have the warm interest of his mother. However, he was a failure-to-thrive baby in that his weight at age three months was only ten pounds, including his cast. He had been an eight-month baby with birth weight of five pounds three ounces. We also learned that the baby had had an old fracture of the skull; the injury of the shoulder appeared to be a further bone injury. In addition, there was a fracture of the left arm and multiple injuries to the knees, ankles and long bones of both legs, and he had a bulging fontanel suggesting subdural hematoma. Admission to the hospital seemed imperative because of the probability of intracranial trauma.

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*Miss Elmer is instructor in the Department of Pediatrics, School of Medicine, University of Pittsburgh and director of the study, "Neglected and Abused Children and Their Families, Phases I and II.

"Neglected and Abused Children and Their Families" is supported by Public Health Service Grant No. MH-00880 from the National Institute of Mental Health.

When the mother heard the doctor describe the additional fractures and the necessity for hospital admission, she was silent while tears rolled down her cheeks. Then, with considerable feeling, she expressed horror that every time she picked up the baby he appeared to have something else wrong with him. Every time she came to a hospital a new ailment was found. She went on to say that she had had him in another hospital at age six weeks when he had fallen off the bed to a concrete floor. As soon as the Emergency Room doctor saw the baby he snapped out, "Call the police." When asked the reason, the doctor said that Mrs. Rose obviously had beaten the baby.

The mother's explanation of this accident was that she had put the baby in the middle of a double bed while she washed down his crib in another room. In the same room with the baby was the fourteen-month-old sibling. The mother heard a thump and first thought the sibling might have dropped some toys. She then thought perhaps it was the baby, so she ran into the other bedroom where the baby was found lying on the floor with the sibling playing some yards away. She immediately assumed that the baby had "scooted" off the bed, a movement she had noticed in the isolette after birth.

Following this accident, the baby had been admitted to the other hospital where a skull fracture and subdural effusions were diagnosed. When the father heard about it, he criticized the mother for not watching the baby closely enough. The baby was hospitalized for five days and had two subdural taps before being discharged with instructions to return in a week to the neuro-surgical clinic. Six weeks later the baby's arm was found to be fractured, resulting in entry to our accident study.

The mother's history showed some facts which have bearing on our formulation concerning abuse. She had been the favorite child in her family and had been especially close to her father. He required that she attend church several times a week, and he also had high aspirations for the mother's education. At the age of sixteen the mother became pregnant out-of-wedlock. As might be imagined, this created a disturbance in her family. She was disowned by her parents, who argued

bitterly about who was to blame for their daughter's condition. Ultimately this led to separation and a divorce of the maternal grandparents. The minister of the church which the girl had attended for years was also upset, and he remarked to her, "You aren't my girl any more."

The baby was born after six months' gestation weighing a little over a pound. At age three days he died in the hospital but none of the mother's relatives came to see her. Although by then she had married the alleged father, his parents did not believe the baby belonged to him and he also was voicing question. Of course the maternal grandparents had already broken off with the mother.

Within a very short time the mother became pregnant again and delivered a term infant, a little boy. When he was three months old, she became pregnant again and delivered the baby who was to become our patient. He too was premature, weighing slightly under five pounds eight ounces.

Thus, the mother had had three babies within 22 months, none of them multiple births. Two children had been premature with all the stress this implies. The mother's relations with her own people had been ruptured and they were no longer seeing her, while the paternal relatives were suspicious and hostile and took no interest in the babies or the mother. Mrs. Ross voiced the opinion to us that she was responsible for the divorce of her parents and their current unsatisfactory lives. Finally, even the father had criticized the mother's child care.

This case has been described in some detail because it brings to life some of the social aspects of abuse identified in our previous work. I would like now to discuss these in more general terms and then return to the case to illustrate some of the prevailing social attitudes toward alleged abuse.

Out of our work has come the firm conviction that child abuse is almost inevitably associated with an accumulation of stresses on the family. Such stresses can be easily identified in the lower class portion of the population. They include

inadequate education, scarce job opportunities, unreliable income, poor housing, and the inability to save or plan for emergencies. There is likely to be marital difficulty with severe and repetitive quarreling, or separation, desertion, or divorce. The most common kind of stress in our abusive families was the birth of several children close together, often less than one year apart. The importance of variables connected with childbirth seemed confirmed because at the time of hospital admission of the abused children, most of the mothers were pregnant or had delivered an infant within the past year. Although we had a very small study population, the difference between abusive and non-abusive families on this variable was statistically significant (p. 02, Chi square with Yates correction).

Along with quite overwhelming stress went a lack of emotional support for our abusive families. This could be seen in the embattled marital relations, in the failure of the extended family to help the young family, and in the failure of adult caretakers to become affiliated with community groups such as the union, the church, the PTA, or even unorganized friendly groups.

As if the accumulated stress and the lack of support was not enough, we also found an unusually high incidence of prematurity among our patients. The national level of prematurity is about seven percent for white and twelve percent for non-whites; in comparison, over thirty percent of our entire abused group was premature. The proportion of white was greater than the proportion of non-white prematures, a reversal of the national trend according to ethnicity. Prematurity among abused children in the absence of medical or obstetrical complications may of course represent rejection of the child even before its birth. (Blau, 1963.) Whatever the etiology, early birth does require speedy rearrangement of the family, and it also means that the mother may need additional help and support in caring for a tiny infant. It is of interest that early birth was prominent among maltreated children studied by two other investigators. (Branigan, 1964; Simons, 1966.)

We know that intense psychological problems are often associated with abuse, and the case example offers fertile ground for speculation. However, I would like to continue the consideration of social aspects of abuse. Child abuse is a family affair, not an individual activity. If we regard the family as a small social system, the addition of a new member can be seen to require substantial readjustment. A few years ago one researcher found that the birth of a first baby represented a crisis to most of the study families even though they had many material advantages, had good marital relations, and had planned to have the baby. (LeMasters, 1957.) The families had not anticipated the energy and the time the baby would require and were not prepared for this amount of responsibility. Everybody has to give up something for the newcomer, but the newcomer does not respond even with a smile for several months. Milowe compared love to a bag of jelly beans. (Milowe, 1965.) When the supply is especially limited, along comes a stranger, the baby, who holds out his hand and demands extra helpings. Small wonder that many parents find having a baby is somewhat wearing.

However, besides common readjustment problems, babies can present special frustrations. For example, a baby may evoke particularly strong feelings in overly dependent parents, who themselves would like to get into the crib with the baby. Perhaps they have never had the kind of loving care lavished on most babies, and they become rivals with the baby for the goodies that might be distributed. Other parents find it hard to accept with equanimity the normal developmental behavior of infants, becoming upset or enraged if babies cry for prolonged periods or are wet or dirty. (Gibbens 1956.) Their feelings reflect the notion that the children are doing these things willfully and really could behave in a more mature fashion if only they wished to do so.

Babies themselves may have unique behavioral patterns that do not fit the parent's expectations. For example, a slow and unresponsive baby would not satisfy a parent who needs a quick response. Still another baby may be highly active and

difficult to distract, a pattern which could be irritating to a placid, mild mother. We do not know nearly enough about the unique behavior of the baby and how it may set off negative reactions in otherwise mature and able parents. This is one of the areas in which considerable study and research is needed.

It has seemed to us that true abuse is mistreatment repeated over and over again. If this is true, there is no such thing as abuse without collusion. Although one member of the family may be the active abused, his behavior has to be tacitly accepted by other adult family members. In a letter to a newspaper physician, a mother recently asked for help to stop her husband from holding a pillow over the baby's head and thumping him until he was bruised. A woman of twenty-one could certainly take action to remove the baby from this kind of abuse if she really wished. If she does not wish to do so, then she is part of the abusive behavior.

Families suspected of being abusive need a great deal of support from the community, from medical resources, and from their own extended family. Often they are not able to admit this need but are overpowered by distrust and fear so that they push away the helping hand. Thus persistent efforts are required, and helping people should not be discouraged by early failure. Abusive families can sometimes be helped by what might be termed "cool mothering" in which members of the community persistently make themselves readily available but do not push beyond what the parents can tolerate in the way of a relationship.

I would like now to go back to the case example and pick up other social aspects of abuse pertaining to the helping professions such as social work and medicine. These too are important aspects to consider if society is to inch along in its solution of the problem. As noted earlier Mrs. Ross took the infant to the other hospital immediately following a fall from the bed to a concrete floor. The resident took one look at the baby, then called for someone to notify the police on the presumption that the mother had beaten the baby. Within half an hour of the

time Mrs. Ross arrived home, two policemen were knocking at her door. They spent several hours interrogating her and her husband, taking measurements of the bed, its height from the floor, and so on. As far as we know, nothing came of this investigation although it is still possible that the family will be charged with assault.

The infant was admitted to our hospital because of the necessity to evaluate the intra-cranial trauma. The resident who admitted the baby wrote a provisional diagnosis in the medical chart of "battered child syndrome," and the same impression was faithfully noted by every medical student and intern who subsequently wrote in the chart.

The immediate call for the police in the other hospital and the diagnosis of "battered child" in our hospital speak to our feelings concerning abuse and the way we deal with them. When the police were precipitately called in the first hospital, the physician did several things: 1) He reported to the wrong agency. In Pennsylvania the mandatory reporting law requires reporting to the Child Welfare Services, not to the police. The family was never reported to the Child Welfare Services by either hospital or police. 2) Calling the police was an indicator of the physician's wish to punish the parents rather than to try to understand what had happened. Nobody has yet found out how to make an x-ray reveal the identity of the agent who caused the injury. 3) The physician's harsh attitude insured that the family would not return the child to that hospital for needed medical care following discharge. Instead, the mother did nothing because of her hostility and fear of the institution.

In our own hospital it was instructive to watch the chain of events following the written diagnosis, "battered child syndrome." This is not a medical diagnosis and properly does not belong in a medical chart; instead, the entry should describe the injuries such as "fracture of the right radius," "callus formation above the left clavicle " and so on. The hospital leaves itself open to disagreeable

experiences by allowing such a diagnosis to be entered. In some circumstances, special indeed but still possible, the hospital might be sued for libel. There is also the possibility that private insurance companies will not pay for the hospitalization of the child when such an entry has been made, an experience we have had. Probably the most destructive aspect of the written diagnosis "battered child" is the effect on the medical and nursing personnel. Soon after the Ross baby was admitted to the hospital, a nurse commented that he seemed afraid of people and she was going to undertake intensive care to observe what she could about his reactions. Of course there is nothing wrong with giving the baby the benefit of intensive care; what is wrong is the basis on which the nurse did it. Several experienced people had held or fed the baby during the half day the mother spent in the hospital before the baby was admitted, and none had noticed the slightest fear on the part of the baby. The diagnosis in the chart had the function of a self-fulfilling prophecy that made the medical and nursing personnel focus on only one possibility, the abuse of the baby, although many other possibilities existed in this situation. Thus the diagnosis effectively lessened the possibility of finding out from the baby what kind of treatment he might have had in his own home.

I have pointed out only a few of the difficulties encountered in medical practice when child abuse is suspected. The same kinds of difficulties exist in the community at large, especially in relation to the law and to social agency practice. If the phenomenon of child abuse has no other virtue, it has demanded a look at some of the stereotyped procedures and the inadequate resources for children in the community at large. We have been forced to reconsider the rights of the child vis-a-vis the rights of the parent, and we must ask again when and how society has a right to intervene to insure a reasonably adequate next generation. Much data exists already in the cases now being handled by hospitals, social agencies, and legal institutions in relation to child abuse or neglect. Some children are removed for a short while, some for a long while, from their legal guardians; some parents are placed on probation,

and still others are discharged by the court. Little has yet been done to take advantage of the learning opportunities in these cases, which might be systematically analyzed and followed up to determine the outcome of various modes of treatment. Even though we regard the children as victims largely of social problems in the family rather than willful abuse, it is still necessary to look to their protection from further assault and degradation should the same kinds of problems continue. I would suggest to you that social problems can be handled in a variety of ways and that we can progress only if we examine outcomes and make them guidelines for future decisions.

MEDICAL ASPECTS OF CHILD ABUSE

Bertram R. Girdany, M.D.
Professor of Radiology
Associate Professor of Pediatrics
University of Pittsburgh School of Medicine

It is my privilege to participate in the Governor's conference on child abuse and I am delighted that my former pupil and colleague, Dr. Theodore Scurletis, has invited me to do so. Dr. Scurletis indicated that his interest in the problem of child abuse was stimulated by his association with me. Miss Elmer's concern with "the battered child" had a similar origin.

Dr. Chenowith introduced me as a pediatric radiologist who had been instrumental in recognizing the signs of injury to children, and was indirectly responsible for current legislation. I am pleased to assume responsibility for stimulating Dr. Scurletis and Miss Elmer to pursue their interest in abused children, but I do not wish to be held accountable for legislation now in force or being enacted throughout the country. We are in the position of legislating without sufficient information about the problem and its solution to give substance to the law or even to know how the law can be used to correct the problems of child abuse. We have need for study of the problem, for accumulation and evaluation of data, and for prolonged consultation before effective legislation can begin to be contemplated.

Child abuse has no certain boundaries. The radiographic contribution to the problem allows the definition of a distinct group of children to whom the term "battered child" has been applied. The "battered child" is usually an infant 3 months to 3 years of age who has unsuspected multiple injuries of different times of origin demonstrated on x-ray pictures of his skeleton. The distribution and extent of the bony changes is inconsistent with the clinical complaints that preceded the x-ray studies.

Unsuspected injuries to the skeleton have been recognized by pediatric radiologists since the late 1940's when Dr. John Caffey first described the characteristic x-ray findings. Dr. Caffey had previously examined films of newly born infants whose obstetrical deliveries had been difficult and had observed changes in the ends of their bones. He found identical alterations in the skeletons of infants with subdural hematomas (intracranial hemorrhages of traumatic origin), and in other infants without subdural hematomas.

The x-ray changes that allow identification of the "battered child" are Specific, and offer one of the few examples of pathognomonic findings on films. They are explained by the structure of growing bones. The long bone of an infant is cloaked in a fibrous membrane (the periosteum), which is tightly attached to the ends (metaphyses) of the bones and loosely fixed to the underlying shafts. In the older child and adult, the periosteum is tightly applied to the shaft. Injury to the bone of an infant may cause a piece to be torn off its end (metaphysis) at the site of attachment of the periosteum; the same injury also causes bleeding under the periosteum separating it from the underlying shaft. Metaphyseal injury is immediatly evident on x-ray examination. Elevation of the periosteum along the shaft is only identifiable later as healing occurs and new bone is produced under the periosteum. The appearance of this subperiosteal new bone allows the radiologist to estimate the time of injury. Multiple injuries of different times of onset and the typical changes at the ends of the bones are the x-ray findings that allow identification of the multiple traumatic epidosdes. The term "battered child" is an unfortunate one. The x-ray changes specifically indicate that an infant has been injured. They in no way indicate the source, nature, or intent of the injury.

Fashions change and pendulums swing. The roentgen signs of multiple injury to the skeleton were well defined almost 20 years ago, but the diagnosis was infrequently made and most infants with the telltale x-ray changes were thought to be

suffering from scurvy, leukemia or purpura. Not until the American Academy of Pediatrics in 1961 devoted a part of its annual program to the subject and applied the term "battered child syndrome" did the disease and its diagnosis become fashionable. Whereas the pediatric radiologist formerly had difficulty in persuading his associates to accept the diagnosis of unsuspected multiple injuries, now he found the diagnosis suggested many more times than it could be documented. Indeed, some children with leukemia and osteogenesis imperfecta were labeled "battered children".

Widespread recognition of the "battered child" has increased public and professional demand for action "to do something about this terrible thing". Compulsory reporting laws have become the rule. Almost ignored in the rush to legislate has been the central fact that the radiograph only indicates injury and does not show intent. North Carolina is to be congratulated; it is one of the few States where voluntary rather than compulsory reporting of child abuse is required.

Every citizen, just as he opposes crime, poverty and discrimination and supports good government and better schools, is opposed to the abuse of children. We oppose it, but what can we do about it? Indignation must not obscure reason. Punishment of innocent parents is not the answer.

Miss Elmer has talked about the handling of the abused child and his parents. Her studies reveal that a large portion of the "battered children" were not deliberately injured by their parents. She has indicated that parents of an "abused child" may themselves be abused by overzealous, vengeance-seeking medical personnel and civic servants who see only the affected infant and want to strike out blindly and punish the presumed offenders. We want to insure that injuries to the child are not repeated, but we do not have the right to mishandle his family. During a recent television show in Pittsburgh I was asked how the neighbors of an "abused child" could help. The answer is simple; they must be understanding and compassionate. Every parent recognizes that children can cause frayed nerves and tempers, and it is not for one parent

to criticize another or to act as part of a "lynch" mob. The handling of the "battered child" must be entrusted to professionals whose skill and knowledge allow them to act appropriately.

Several weeks ago I was shown the films of a 6 month old female infant with evidence of multiple bony injuries of different times of origin. Her mother had brought her to the family doctor because she was not moving one leg normally. After reviewing the films, I asked the mother to bring her infant in for more studies. I informed her that there were unmistakable signs of multiple injuries to her daughter's skeleton, and that it was important for the health and future of the baby that we find out how these had been acquired so that no permanent damage would ensue. The mother was told that we had an expert consultant in such problems who could be of much help to her and, with the family doctor's consent, Miss Elmer was asked to see the family. In place of threats and recriminations, a careful investigation was undertaken. The infant was returned to her home where the family was visited by Miss Elmer and where evaluation was begun.

I do not propose that abusive, vicious parents are nonexistent and that obvious gross abuse should not be the subject of immediate protective action, but I do emphasize that our prime tasks are to protect infants, to insure them a healthy future and to investigate the circumstances of their injuries. We must carefully interview and study the parents who are responsible for multiple injuries to their children. We must separate into categories those parents who, after appropriate help from social agencies, can reasonably be expected to care properly for their children from those parents who are psychotic or for some other reason are not fit to resume their children's care. We do not yet have sufficient knowledge to allow us to make this judgement with assurance.

A recent court order in New York suggested that parents of "battered children" were automatically presumed to be guilty of child abuse and had to prove

that they were not so responsible. The American system of jurisprudence is based on the assumption of innocence until guilt is proved. Are parents to be denied equal justice before the law?

In the Spring of 1962 under the auspices of the Children's Bureau, a meeting to discuss the "battered child" was held in Washington. Opinion among participants was divided between those who contended that the "battered child" should be taken from his parents and not returned to them because his return would inevitably lead to greater and perhaps fatal injury, and a second group who suggested that, with proper help, all such children could safely be returned to their own parents. The truth lies somewhere in between.

The problem of trauma must have the attention it deserves. Carefully controlled studies in depth of children who sustain injuries, of their parents, of their environment and prolonged observations will furnish the kinds of information that must be available before effective legislation can be initiated. In the meantime let us remain compassionate rather than vindictive in our management of these problems.

SOCIAL-CULTURAL DEPRIVATION AS A FORM OF CHILD ABUSE

Halbert B. Robinson, Ph.D., Professor of Psychology
University of North Carolina at Chapel Hill

Fully as destructive as physical abuse or gross neglect, are the subtle but insistent efforts of many economically and culturally deprived families to pervert the naturally active, curious, alert and exhuberant young child into a passive, apathetic, inattentive and discouraged one. By the age of four or five, such damage to the wholesome development of children from such families has taken place that even very concerted attempts at remediating their difficulties seldom are completely successful. These children are defective in language and in other useful symbolic tools; they are no longer actively responsive to many of the experiences offered by their surroundings; they are convinced of their own ineffectiveness; they are too discouraged to meet new challenges squarely; and they are alternately, depending on the situation, either overinhibited or at the mercy of their impulses. They have been beaten by their parents and their culture just as surely as if they had been thrashed black and blue.

If, during the preschool years, it is possible to detect this abuse of children, this robbery of their birthright to a joy in learning and a sense of worth and well-being, it is unmistakable during the school years and adolescence. The school performance of culturally deprived children declines as they grow older, especially after grade three or four, and their discouragement increases. These children develop a strong sense of defeatism and see themselves as having relatively little jurisdiction over their own future; indeed, they may be right. Intellectually, motivationally, emotionally, and socially they are ill-equipped for participation in the economic, intellectual, social and political institutions of our nation.

The magnitude of this problem must not be underestimated. Some of the indices of its scope are quite staggering. A surprising number of our young people

are blatantly ill-equipped to deal with the intellectual problems confronting them as citizens. To cite but one example, in the State of North Carolina, approximately one-half of the young men examined for military service are unable to pass the minimal requirements of intellectual competence for induction; in this state, also, approximately one-half of the young people fail to graduate from high school. With an increasingly complex and industrialized society, it is becoming ever more difficult for a great many of our young people to master the skills necessary to a decent adult life. Unless effective and practical measures are found to stop this utterly cruel and wasteful abuse of our most precious of all resources, our children, we are dooming them to further lives of poverty, distress, and dependency on public support.

Unlike the other types of child abuse discussed by this panel, we cannot in this case censure the parents. In most instances, they have been the most effective parents they knew how to be, or could be under the circumstances in which they live, and they have sought to raise their children according to codes they feel to be right. Let us spend some time examining the ways in which their living conditions, their values, and their child-rearing practices are nevertheless, destructive forces in the lives of their children.

The Physical Environment and Health Practices

Abusive as are the primitive living conditions and health practices of culturally deprived families to the well-being of their children, we will but mention them here. It is dramatically apparent that many children are brought up in homes which subject them to health and safety hazards, in which eating and sleeping arrangements are inadequate, and in which minimal cleanliness is unattainable. Preventive health care and adequate nutrition are often unknown, and many chronic and acute illnesses go entirely untreated. The significance of both the short and long term effects of these circumstances can hardly be overestimated; unhealthy children cannot develop optimally in any sphere and thus are destined to fall short of their own potential. As significant as are the physical aspects of privation, it is their

psychological effects to which we will give our attention today.

One overwhelming aspect of the physical environment of the culture of poverty is its simple unpleasantness. Home is not an attractive, organized, secure haven, but a chaotic, unpretty place from which one escapes, even at an early age, as much as possible. Added to family pressures, which we shall examine shortly, is the fact that the child, especially the child of the city, is in many ways less under the influence of his own family and more under the influence of his peers, than the child whose home is better able to provide, in a physical sense, for his needs.

Furthermore, many of the tools which are basic to the play and learning of young children, are entirely lacking in the home of poverty. Books, reference materials, and supplies of crayons, pencils, and paper are absent. Lacking also is the possibility of constructive play or study. The child is constantly interrupted and his projects are subject to invasion by destructive younger siblings; he must compete for the use of a single table with everyone else in the family. The physical setting for learning and for intensive, individual experience, is almost totally denied.

Family Structure

The majority of families of poverty are white, intact, and headed by a father; however, the incidence of broken families, minority races, illegitimacy, and mixtures of two or more families living together is much higher than in more fortunate groups. Even when the father is physically present, moreover, he is more likely to play a weakened role, to spend more of his time outside the home, and to be less involved with his children than is the middle-class father. An essential matriarchy is almost standard, a matriarchy in which the grandmother rather than the mother often plays the crucial role.

Moreover, there are approximately twice as many children, on the average, in homes of poverty as in non-poverty family units. Indeed, of all youngsters growing up in poverty, nearly half are in a home having at least five children. House-

holds judged poor by the standards of the Social Security Administration include one out of four of the nation's children under age 13. In contrast, however, teenagers tend to leave poverty homes at an early age. Only one in eight of all never-married 18- or 19-year-olds who have not yet gone off on their own, are found in poor families.

It is worth looking at the abusive consequences of these differences in family structure on the growing child.

First, the child is often denied a male parent, or at least an effective male parent, with whom he can identify, whose approval he can seek, and through whose eyes he can gain a masculine view of the world. Although a good mother is obviously essential, the evidence has consistently demonstrated that children also need a strong father. Children with all sorts of behavior problems and emotional disturbances come frequently from homes in which the father is absent or weak. Moreover, there is some scanty evidence that in subtle ways, even the child's intelligence and ability to solve problems is enhanced if he has a close relationship with his father.

Second, there is a much lower ratio of adults to children in these families. This means that the deprived child is denied much of the attention, approval, and supervision he would ordinarily command. When he does accomplish something new, there is no adult to admire it; when he needs help in mastering a frustrating problem, there is no adult to lend a hand; he sees fewer adults; he hears less adult conversation; he is much more on his own.

For very young children, whose survival demands that they be supervised, the supervision is much more likely to come from a slightly-older sibling rather than an adult or a relatively mature teenager. The baby-sitting sibling is saddled with an unwanted responsibility and is barely capable of keeping the child out of danger; he is certainly unlikely to find any pleasure in teaching his younger brother or sister anything new or in engaging in small-child games and play. This responsibility robs the older child, also, of his own time to learn and explore. It is unfortunately

often the case that older children are required to stay home from school in order to baby-sit.

The high ratio of children to adults also, of course, places added strain on families who are least able to manage. Mothers are more harried; physical and financial resources must be stretched farther; mothers whose income is badly needed are prevented from working by the lack of adequate care for their young children. Many families who might be able to meet the needs of one or two children are inadequate to the pressures created by many more. The lack of family planning in this group is a significant feature of abuse of these children.

The Psychological Environment

As important as are the objective, clearly observable aspects of the physical setting of the home and the structure of the family, they cannot alone account for the intellectual and social devastation of children which we see in the culturally deprived group. Some families, as we all know, are able to overcome tremendous hardships and to produce healthy, productive, intelligent children against tremendous odds. What these successful families provide for their children is a suitable psychological environment which nurtures an active grasp of life, a confidence in one's own abilities, and the conceptual experiences and skills which are needed for accomplishment of life's goals. These families are not culturally deprived, whatever their financial circumstances may be.

What does set apart the culturally deprived group, however, and what provides the most pernicious decimation of its children, is the psychological atmosphere in which the children live. Let us examine some aspects of this complex of attitudes, beliefs and values of the culturally deprived group.

First, the culturally deprived family values as a "good" child a passive, somewhat apathetic one, a child who causes the least amount of trouble and raises the least commotion. In the crowded home, with too many children, the overbusy mother rates our sympathy for this desire, but we must not fail to recognize the

consequences of passivity. Passive children do not achieve; they pass up vital opportunities for engaging the world and learning about it. In fact, it has been shown in several studies that children who are passive tend to decline in intelligence as they grow older, whereas active children tend to become relatively brighter. For the culturally deprived child, whose eventual success, if it is to come, will mean an active battle to overcome barriers, passivity is a remarkably non-functional behavioral trait.

Second, the culturally deprived family tends to believe that one's success in life depends upon luck and/or divine providence, not upon one's own capabilities and hard work. The feeling of powerlessness against these cosmic forces leads to alienation from any of the active efforts one might make in his own behalf; it leads to apathy and resignation even when possibilities actually do exist for fulfilling the promise of one's potential capacities.

Third, and related to the passivity and powerlessness we have mentioned, is the low level of achievement motivation which the family builds into the motivational systems of these children. By achievement motivation, we refer to the kind of internal feelings which keep a healthy person constantly engaged in productive activity, and which require him to do his best, in little tasks as well as big ones, whatever his level of ability. We are finding that achievement motivation in children relates quite specifically to the child-rearing practices of the parents. Moreover, these patterns are learned very early in life and tend to remain at a constant level for most people. Among other things, the acquiring of achievement motivation requires a close relationship between parents and children which is predominantly warm and supportive, but in which the parents hold fairly high standards for the children. It also requires that the parents take a fairly active role in helping the young child to master graduated tasks, with genuine recognition and rewards for success. It requires that the parent expect a certain amount of independence and responsibility in appropriate areas after the child has learned how to handle himself, and not

before. Paradoxically, high achievement motivation also requires that the child learn how to fail; that is, he needs to learn how to confron failures realistically, how to pick up the pieces and go on.

The child-rearing practices of the culturally deprived family are poorly designed to instill achievement motivation in the children. Parents are not close to children; relationships do not tend to be warm, parents give little tutoring in a graduated fashion; they tend to wait until the child is old enough to master a task quickly and completely, and then to render him totally responsible for that behavior, with stringent penalties for further failures. For example, a young girl may be kept away from any involvement in cooking until she is nine or ten; she may then be given brief instructions in preparing simple dishes and may thereafter be expected to have the family's dinner ready every night when mother returns from work. If she burns the beans, everyone in the family will be angry, for there are no more beans that night. In consequence, the culturally deprived child develops a strong desire to escape from responsibility, not to seek it, and to remain as disengaged as possible from productive activity which is even moderately difficult for him.

Fourth, the culturally deprived family tends to rely much more heavily on punishment, often physical punishment, than does the middle-class family. There is little positive pay-off for doing the right thing, but there are ample negative consequences for failure. There are many reasons why punishment tends to be a fairly ineffective teaching device; parents who rely on it are often disappointed in their own efforts at discipline because punishment simply does not work very well, and these parents tend to give up their roles as teachers. What children tend to learn is a strongly negative picture of themselves; they also tend to learn that life is a series of escapes from externally-controlled dangers. In other words, they fail to internalize their own controls, to build in consciences, as it were.

Fifth, the culturally deprived family tends to be destructively authoritarian, with dictatorial power emanating from the parents. Demands are made by the parents for immediate obedience; seldom are there explanations of parental decisions,

and even less often is the child allowed to become involved in the decision-making process itself. One consequence of this is that the child is deprived of the opportunity for learning; he is not made aware of the reasons for his parents' demands; he does not learn to weigh alternatives. In short, he is prepared only to be a member of a society which is a dictatorship, not a democracy.

Furthermore, the autocratic nature of the family, with its stress on raw power and its punitive penalties for even mild disobedience, leaves the child with unresolved conflicts and irrational attitudes toward other people. The child is required to bottle up his negative feelings toward his parents, until he is older and powerful enough to win a test of strength; frequently, during childhood, he solves the problem of handling his aggressive feelings through fighting with his peers. Little wonder that culturally deprived children and adults tend to have very negative feelings toward persons outside the family who symbolize authority: teachers, police, even well-meaning workers who attempt programs to interfere with the cycle of poverty. The child is thus further alienated from those who could help him.

Sixth, the culturally deprived family fails to provide the kind of intellectual stimulation and appreciation the child needs. Nowhere is this more easily observed than in the language behavior of parents and children. The uneducated parent himself provides a poor model for the child, and so does the speech of the other children with whom the culturally deprived child spends so much of his time. Not only is articulation poor; even more striking is the barrenness of the language patterns utilized. The culturally deprived mother, for example, tends to speak in set phrases to her children, very frequently in the form of commands. Her language is nowhere near as rich as that of the middle class mother, who tends to interlace her directions with explanations, with conceptually more complicated language, and with a plentiful use of relational words. The culturally deprived child thus comes to develop a kind of "Berlitz" type of language---phrases which enable him to get by, but which are minimally useful to him in terms of conceptual richness. Even by the age of three

or four, he is significantly behind his middle-class counterparts in prepositions and other relational words and the complexity of the ideas he can understand and relate. Furthermore, he has not learned to value speech as a tool; he often does not even listen when others speak to him. This aspect of deprivation may not be so critical when he is reading, "Dick and Jane" books of the "Look, look. See, see," variety, but he becomes seriously isolated from his teacher and classmates when more abstract thinking is called for.

Finally, the culturally deprived family provides a steady diet of monotony to the child, a poverty of experience in a world which is routine and uninteresting. Except for the mixed blessing of the television set, the home is dull, the boundaries of experience are limited, and the conceptual grasp of the child is equally dull and limited. Even in the small community in which I live, with a main street no more than a dozen blocks long, culturally deprived children from one end of town are thrilled to be taken to the other end of town on a field trip, or inside the grocery stores outside of which they have sat waiting for their parents. The effects of sensory and perceptual deprivation have been clearly documented in animals and human beings; yet we are allowing culturally deprived children to exist in such narrow boundaries of experience that they are as effectively jailed as if there were iron bars surrounding them.

This list could be infinitely extended. What we would discover, should we explore further dimensions, is that in almost - but not quite - every aspect in which the middle-class and the culturally-deprived child are granted different experiences, it is the culturally-deprived child who gets the short end of the bargain. This is unfair; this is abuse.

Furthermore, the toll of this abuse if far wider than the unhappiness and unfulfilled potential in the lives of these children alone. There is tremendous cost to our entire society, cost which we can ill afford to maintain. The burden of supporting generation after generation of the poor and incapable is serious enough,

but how can we ever reckon the loss to the society we might achieve in the productivity, creativity, and responsible participation of millions of citizens whose contribution to our nation might be so great?

Thus far, we have ignored the adage that "An ounce of prevention is worth a pound of cure." We have concentrated our efforts on trying to pick up the pieces of broken lives, rather than on preventing the abuse of those lives in the first place. We spend billions every year in programs ranging from remedial educational efforts within the schools, to the maintenance of hundreds of institutions for the mentally retarded and the emotionally disturbed, to countless welfare programs, and to the many facets of the current and spirited War on Poverty. Despite their good intentions, none of these programs can be entirely successful; the damage has been done to these children too early and too severely to be cured very effectively. While we stand by, the conditions of poverty and cultural deprivation are wreaking their havoc on the infants and children of our land; must we always wait until the damage has been done to lend a hand?

It is paradoxical, indeed, that in this nation of greatest riches, this nation which values its children so highly, that we are so lax in providing direct services to children and their families. Many other countries far outstrip us in the variety and depth of the services they support: day-care, educational services, health services, and assistance to families. We offer a hollow leadership to the free world, if we are willing to waste our richest resources, our only hopes for the future, our children.

THE ROLE OF A SOCIAL AGENCY

Betty Gibson
Director of Division of Child Welfare
N. C. Department of Public Welfare

While this is a conference on child abuse, I want to refer both to children who are abused and to those who are neglected. This is done for two reasons. The North Carolina reporting law adopted by the 1965 General Assembly places upon the social agency, specifically the department of public welfare, certain responsibilities in regard to both groups of children. Another obvious reason is that child neglect is either a prelude to child abuse or occurs simultaneously.

I should mention at the outset our central state registry on child abuse. North Carolina has, like 47 other states - perhaps more, as this number changes rapidly - prepared a central registry for child abuse cases. Ours becomes operable January 1, 1967. Because the 1965 reporting law refers to both neglect and abuse, our registry does also. Instances of child abuse may be cleared with the cooperating states: instances of child neglect may be cleared within the 100 counties of our state and with other states only when it is suspected or known a child was abused previously. It will also enable us to do needed research in the area of child abuse and neglect.

The registry is kept in the Child Welfare Division of the State Department of Public Welfare. The Department will assist social agencies, both in state and out of state, in obtaining needed information.

For the public social agencies in North Carolina, the enactment in 1965 of the reporting law in cases of child abuse and neglect represents an extremely important milestone. You will hear more about this, I'm sure. For many years, departments of public welfare have been providing services to dependent, delinquent, neglected and abused children. Their legal responsibilities for dependent and delinquent children have been specified quite clearly while those for neglected and abused

children have remained fuzzy and sometimes debatable. Although neglected children have been a constant and lingering concern of welfare departments, action has been deferred in many instances while agencies awaited a legal adjudication of neglect and authority from the court to intervene.

The law now provides directly to the department of public welfare a mandate for action. It clearly specifies that department as the recipient agency for reports of neglect and abuse from persons who wish to make such reports and to request an investigation.

It should be mentioned that the law does not eliminate the possibility that the reporting person may make his referral directly to the court. The law provides, however, that in the event of such a report to the welfare department, it must investigate and take appropriate action.

No longer then can the responsibilities imposed upon the social agency for neglected and abused children be deliberated. The Act of the General Assembly ascribes two primary functions to the welfare department. Let me restate them. One is the identification of neglected and abused children. The second is the protection of such children through whatever action is required.

The Act is well intentioned. The extent to which it is successfully implemented will be determined by three basic things: (1) how well we construct our services to these children and their families; (2) the availability and adequacy of community resources; and (3) how well all agency services can be coordinated and made accessible to these parents and their children.

These constitute basically the role of the social agency and I would like to comment briefly on each.

Despite the past confusion concerning legal responsibility for the abused and neglected child, such children are no strangers to departments of public welfare.

These agencies are familiar with neglected children who have been damaged by lack of proper supervision for extended periods of time, exploitation, illness, and lacking essential medical care, exposure to chronic immorality and severe emotional deprivation.

They also know abused children who have suffered non-accidental physical attack and injury--even children dead at the hands of those responsible for their care.

Services which have been constructed by many public welfare departments in behalf of neglected and abused children have come to be referred to as Protective Services and this is epelled with a capital P and capital S. This term describes a special service to the neglected child in his own home. It contradicts the once-held punitive idea that the only appropriate solution to neglect and abuse is the removal of the child from his own home. Evidences are that Protective Service more often than not is the alternative to child placement in foster homes and child caring institutions. The social agency willing to undertake to offer a Protective Service utilizes it not only as an expression of community concern but as an additional child welfare service--a deterrent to family break-up. By identifying and capitalizing upon family strengths, the neglected child with protection of the social agency can remain with his own family in most cases. If this is not possible--and often it is not for the abused child--the agency must take action through the juvenile court to assure more adequate child care and safety--away from the parents if necessary.

In North Carolina, 1506 children were reported in official juvenile court hearings to be neglected last year. Over 1200 (1210) of these incidents occurred when the child was under age 12, with the largest groupings under age 2 and again at age 6 years. The majority lived with one parent only. They most frequently were in the low income group.

A word of acution. Individuals in positions to detect neglect and abuse will need to guard against the concept that such incidences occur only among a certain social class of financially deprived or underprivileged citizens. The parent who gave a boiling water enema to her one year old child was not on public assistance or ward status but on private service. We must accept the fact that instances of child neglect and abuse are prevalent among all social classes and, in this regard, that all children have a right to protection.

The following are illustrative of situations which have brought children and their families to the attention of welfare departments:

....A mother and father held a 4 year old son's hand over a gas stove flame, burning him severely, to teach him to respect the danger of fire.

....A mother, who had been deserted by her husband, tied her five year old daughter to the bed, placed food within her reach, sent her older children to school and left on a cold winter morning for her day's work.

....A mother and father left their four children at the end of a lane leading to the home of a friend while they drove away intending their whereabouts to remain unknown.

To be adequate and effective, Protective Service must concern itself not only with the child whose hand was burned but with the parents, who through ignorance, believed they were acting in the child's best interest. Not only with the child tied to the bed but with the economic need of her mother to go to work leaving her child unattended. Not only with the children abandoned at the end of the lane but with the parents who had given birth to unwanted children and could find no better way to be rid of them.

Protective Service cannot be offered in a vacuum. Communities must provide resources which are adequate to meet the needs of its families. Resources must not only exist but they must be accessible to all its families--rich and poor, black and white alike. These resources must include those which encompass basic needs--

adequate housing, employment opportunities and job security, medical service, education and training, adequate incomes, and a wide range of public and private social services which include family counseling, family planning, day care and emergency homemaker service. Until these community resources are available to all families, we know that children will still be neglected, for many families cannot provide for the total needs of their children alone. It is obvious then that the community can be equally as guilty of neglect as can the parents.

It is hoped that with the adoption of our reporting law, social consciences and public concern will not be fully appeased. Its enactment is a strategic step in defining and establishing the role of the social agency. But it would be a serious danger if it lulls our state and its many communities into a false sense of security arising from a belief that our reporting law in and of itself will suffice to control the problem of child abuse and neglect.

Of equal importance to Protective Service and the establishment of available community resources is the early detection and prevention of neglect and abuse. This will require the coordinated efforts of all of us. The court, law enforcement officials, physicians, schools, churches, health agencies--all of us--must be consciously directed toward prevention. Our lasting commitment, therefore, is not only to the child who is the identified victim of neglect and abuse but to all children who have this potential.

THE ROLE OF MEDICINE IN CHILD ABUSE

Harrie R. Chamberlin, M.D.
Associate Professor of Pediatrics
University of North Carolina School of Medicine

It is a real pleasure to have an opportunity to discuss with you something of the role of medicine in child abuse and particularly the responsibility of the physician in this matter, for I feel strongly about it. Yet in following such experts on this subject as Bertram Girdany and Elizabeth Elmer, whom we are most fortunate to have with us, I feel somewhat like carrying coals to Newcastle.

However, because my primary interest is in the developing nervous system, I would like to focus for a few minutes on the problem of child abuse as it related to possible damage to the brain and to future mental functioning. This seems especially appropriate since, as you all know, one of the sequellae of child abuse may be mental retardation and the Governor's Council on Mental Retardation is one of the co-sponsors of this conference.

Damage to the brain is far more likely to be irreversible than is damage to other organ systems in the body. Once brain cells have been killed they cannot regenerate, as can, for example, the cells of the liver. Moreover one can lose a significant portion of some organs, a whole kidney for example, without noticeable impairment of function under normal circumstances. But the structural and functional integrity of the brain is essential for optimal learning. If it is damaged its capacities may be permanently handicapped.

Physical abuse of children produces an impressively high incidence of brain damage. One review of over 300 reported cases by Dr. Henry Kempe of Denver indicated that approximately 10% of the group had died and 28% more had suffered permanent brain damage. Although we as yet have no accurate estimates of the incidence of child abuse in the United States, we know that 228 cases were reported in Illinois alone during the first six months of that state's mandatory reporting law and it appears

that 10,000 cases a year for the entire country is not an illogical guess. I should emphasize that this guess refers only to physical abuse and does not include the enormous pool of neglected and deprived children referred to earlier in this conference. Thus child abuse contributes impressively to the tragically large number of new children each year destined to go through life with serious central nervous system deficits.

These deficits may manifest themselves in many ways. In addition to impairment of intellectual functioning, damage to the motor system is exceedingly frequent so that the child may present a picture of one of the many forms of cerebral palsy. Damage may be so extreme that he barely survives, can never sit or walk and may even have to be fed. On the other hand it can be very subtle so that difficulty is not clearly evident until he is introduced to the competition of the school environment. Because trauma to the head is particularly common in abused infants and very small children, the most common type of injury is a subdural hematoma, a situation in which one of the blood vessels between the outer surface of the brain and its tight fibrous covering, known as the dura, is torn, with a consequent build-up of pressure over the brain as a result of bleeding. Unless this situation is promptly recognized and the clot is removed by neurosurgical techniques, the child is likely to develop with a spastic arm and leg on the opposite side of his body and is also apt to suffer from an associated convulsive disorder which may be most difficult to control. Very frequently the damage is bilateral, since subdural hematomata occur bilaterally more often than not. Particularly if the damage to the left hemisphere of the brain is significant, the child will prove to be moderately or severely mentally retarded. In addition to the relatively common subdural hematomata seen in child abuse, other types of brain damage may of course occur, ranging from actual laceration of a particular portion of the brain to diffuse mild or overwhelming damage secondary to asphyxia. Thus central nervous system damage resulting from direct trauma in physically abused youngsters may result in varying degrees of motor deficit or cerebral

palsy, varying degrees of retardation, convulsive disorder or, as is usually the case, some combination of these deficits. In addition, particularly when the damage has been relatively subtle, the primary picture can be one of uncontrolled hyperactivity intermixed with a variety of behavioral disorders, with or without actual mental retardation.

Emotional disorders, with or without hyperactivity, and more commonly with withdrawn, sullen behavior, also result from parental neglect of a child, when abuse in the sense of physical injury has played no part. This is of course the far larger group of environmentally handicapped children which Dr. Robinson described this morning. When neglect has been extreme, whether or not it includes severe malnutrition, emotional damage may be so great as never to be reversible, even when the child is later taken from the home and placed in an optimal environment. Although not specifically included in the wording of the child abuse laws which have been developed in many states, this latter form of parental maltreatment, particularly if it is extreme or clearly willful, is definitely a part of the North Carolina law. Our law refers to any child under the age of 16 years who "suffers from any illness or has had any injury afflicted upon him as a result of abuse or neglect". This is a particularly important point, for serious neglect may be as damaging to a child's future as physical injury. It is obvious that both forms of maltreatment will frequently be combined in a given family situation and adequate remedying of that situation must include an attempt to eliminate both. In attacking these problems in any given family, it is important to remember that one may be dealing not only with an attempt to provide a better future for the child or children immediately involved, but one may also be providing a better future for whatever offspring these children later bring into the world. The physician in particular tends to forget that the very conditions which are so handicapping the child he now sees as a patient may be much the same as those to which one or both parents of that patient were subjected by their own parents.

It is abundantly clear that the physician, and others closely associated with the medical profession, are in need of extensive education with regard to the problem of child abuse. In 1960, of 180 children from 115 families referred to the Massachusetts Society for Prevention of Cruelty to Children, only 9% were referred by hospitals or physicians, although physicians had previously been involved with over 30% of the patients. Only very recently has the term "child abuse" found its way into hospital coding systems and the use of this term by the Index Medicus began only last year. Thus, the condition has only been officially recognized by the medical profession for a few short years.

But what is the role of the physician, and of the medical profession in general, with regard to child abuse today? With laws relating to the reporting of child abuse now on the books in nearly every state, that role has become obvious. Yet many physicians still fail to report child abuse. Until the advent of reporting laws there were several reasons for this, two of which still remain:

First, the physician may still fail to suspect the problem. Recently, in the Maryland State Medical Journal, there was a listing of points which should immediately raise the index of suspicion for this problem on his part, presented in a kind of Madison Avenue style:

BE CURIOUS ABOUT

C ontrast between history and findings
H ostile parents with refected, neglected children
I njuries causing metaphyseal "corner" fractures
L ong bone periosteal proliferation, unexplained
D iffering stages of healing of "surprise" multiple bone lesions

A ccident prone children, including burned, poisoned
B ouncing baby skull fractures and subdural hematomas
U nexplained convulsions, anemia, hematuria, ecchymosis, jaundice, ileus
S udden death of patient or previous siblings
E xtraordinary inquisitiveness and concern by parents

(Green, K.: Diagnosing the Battered Child Syndrome
Maryland State Medical Journal 14:84, 1965.)

Secondly, even when the physician is adequately attuned to the various historical points, symptoms, and signs which should alert him to this problem, he may

still fail to accept the possibility on a conscious level. This is particularly true when the problem turns up among his own patients in a family which does not represent the more socioeconomically deprived class. Although it is recognized that child abuse does occur far more commonly in deprived families, it is also recognized that the problem is not a complete respecter of economic or social status. Yet the physician may find it difficult to believe that the parents with whom he is dealing could be guilty of abuse and will unconsciously go out of his way to accept their lame story of what has happened. He is not sensitized to the fact that once the problem has occurred it may occur again and that he may be risking the life of the patient when he sends him home from the hospital.

With the advent of reporting laws, other reasons for failure to report definite child abuse or severe neglect are untenable. The physician certainly cannot argue that this is primarily a social rather than a medical problem and that, because of pressure on his time, it really falls outside his realm. Yet some still do make this excuse. In a state such as this one, where reporting is not mandatory, adequate education of the physician to his responsibilities is obviously essential to root out such an attitude.

Or the physician may feel that there is no point in reporting, because the local welfare department is so unlikely to follow through with an adequate investigation. But investigation by the local welfare department is now mandatory, so that, unless the department does not adhere to the law, the physician no longer has such an excuse. Certainly it is now up to the welfare departments to make such a cynical attitude on the part of physicians thoroughly uncalled for.

Finally the biggest deterrent to action on the part of the physician, a fear of legal reprisal, is now eliminated.

I wish here, however, to reemphasize some very important points which were made this morning. Two of the strongest points of the North Carolina law, I feel, are that reporting is not mandatory and that, when reporting is done, it is made to

a social agency. Clearly, as Miss Elmer pointed out, the physician must guard strongly against jumping to conclusions and against adopting a blaming attitude. He may have much to learn on this point from the social agency to which he refers the family. As Dr. Girdany has said, we must not now begin to abuse parents.

The physician's responsibility, moreover, extends beyond his own recognition and reporting of definite child abuse and neglect. It is up to him to educate paramedical personnel, such as nurses and other hospital personnel, to their parallel responsibility to recognize and report, whenever this seems clearly indicated. In addition his alertness to the problem can enhance the awareness of it by his local welfare department and contribute to the efficiency of that department in dealing with it.

It was clear when the North Carolina law dealing with child abuse and neglect was proposed that it could only work if those persons who were to use it became informed of its existence and of how best to employ it. Among these persons the physician has a very major responsibility, for he, more than anyone else, is usually the first outsider to become aware of this problem in any given family. Since identification of the abused child is the first and crucial step, it is up to the phyisician to see that it is accomplished and that, when clearly indicated, appropriate action is taken.

LEGAL ASPECTS OF CHILD ABUSE

Mason P. Thomas, Jr.
Assistant Director, Institute of Government
University of North Carolina

In 1874, a church worker learned of a child named Mary Ellen who lived in a New York tenement. Mary Ellen was beaten daily by her parents and was seriously malnourished. The church worker sought protection for Mary Ellen from the police and the courts. They were unable to help, for there were no laws concerning neglect of children. In desperation, this church worker turned to the Society for the Prevention of Cruelty to Animals - she plead that Mary Ellen was part of God's animal kingdom and thus entitled to protection under existing laws concerning abuse of animals. The court took protective action on this basis and removed Mary Ellen from her parents. This case led to the subsequent founding of a society to protect children in 1875--the New York Society for the Prevention of Cruelty to Children.

Fortunately, times have changed. We now have laws protecting children against neglect and abuse. We have juvenile courts in all states to protect children. We have adult criminal courts which punish parents who neglect or abuse their children. We have national organizations with broad concerns for child welfare - the U. S. Children's Bureau, the Child Welfare League of America and the Children's Division, American Humane Association. And we have a variety of resources at the community level which provide various protective services to children, including county welfare and health departments.

The Broad Picture

Child abuse - the "battered child syndrome" - must be viewed in relation to the broad problem of child neglect. Each day, we have many children in juvenile courts who are involved in neglect cases. Available statistics show that some 1811 children appeared in juvenile courts in North Carolina in neglect cases during 1965.

Child abuse cases are the most sensational aspect of this broader problem of child neglect. Someone has compared child abuse with an iceberg - you see only part of the problem. Many cases are never reported - are never seen by a physician or in a hospital - are never known to child protective agencies. We are dealing with a problem of unknown quantity which could mean life or death for a child - which could lead to mental retardation or permanent physical injury.

Confusions and Complexities

Some general observations about child abuse may help to put the problem into perspective:

Within the last ten years, we have begun to recognize child abuse as a distinct problem within the broader field of child neglect, primarily due to leadership from the medical profession.

Society is reluctant to look at the problem, for we expect parents to love and protect their children. We seem reluctant to believe that such things happen.

When we are forced to look at the problem through a sensationalized press story, we react emotionally and with anger. We then demand stricter and more punitive laws to punish such parents.

We have rarely thought objectively and carefully about child abuse. Why do parents abuse their children? What is the meaning of this abusive behavior? What resources are needed to deal effectively with this complex problem?

Available research indicates that child abuse is rarely willful or deliberate cruelty by parents. These parents are often emotionally disturbed, immature people who are unable to cope with the pressures of parenthood and life. They often have personality defects; they are neurotic, mentally ill or mentally retarded.

Since child abuse is not rational parental behavior, there is no simple solution to the problem. Severe criminal penalties for child abuse will not effectively deter abusing parents nor provide effective protection for abused children.

Recently, most states (49 to date) have passed laws relating to reporting of child abuse cases. Most state laws require mandatory reporting by doctors and hospitals. A few have permissive laws designed to encourage reporting of such cases. North Carolina has a permissive law which authorizes, but does not require, reporting of child abuse cases.

The objectives of child abuse reporting legislation do not always seem clear. Are we interested in punishment of abusive parents or protection of abused children? For example, most state laws require reports to be made to police. The natural consequences of such a report might be police investigation, issuance of a criminal warrant and arrest of the alleged abusive parents. Thus punishment of the parents may be the most important objective.

North Carolina has a different approach - our law authorizes the report to be made to the county welfare director, who has traditionally worked with child neglect problems. It requires the Director to investigate and to "take such action in accordance with law necessary to prevent the child from being subjected to further abuse, neglect, injury or illness." Thus we leave further action in the discretion of the county welfare director. He may provide protective case work services through his staff. He may seek juvenile court protection for the child. In some cases, he may sign a warrant for criminal neglect and have the parents arrested.

Our law has another interesting difference. Most state laws require reports of child abuse from doctors and hospitals under penalty of law. Our law authorizes reports from a wider range of professional persons who might have occasion to know about cases of child abuse - doctors, surgeons, nurses, teachers, school principals, school superintendents or welfare department personnel.

Thus, our law seems more aimed at protection of children than punishment of abusive parents.

Results of the N. C. Law

We must now ask the crucial question - are we achieving the legislature's

intention to protect children from abuse under our new law? Probably not, for nothing different is happening. A recent poll of juvenile court judges, public welfare departments and police officials indicate little change in North Carolina. They are all doing just what they were doing prior to the new law's enactment. There has been no noticeable increase of reports of child abuse to county welfare directors. Nobody seems to know of cases which have been reported as a result of our new legislation.

Does this mean we have no child abuse in North Carolina? No, for we know of some such cases. Several explanations seem possible. There is little public understanding of child abuse or the broader problems of child neglect. Thus, we have given little real thought to these problems or how to recognize and identify such cases at the community level. Public education is needed to create public sensitivity.

Role of the Police

Law enforcement officers encounter child abuse and neglect every day as they handle various types of criminal cases - alcoholic parents, assault cases between parents, prostitution, etc. But they tend to see their function as enforcement of the criminal law - to arrest the "bad guy" and lock him up. Thus they pick up the public drunk, the wife-beating husband or the prostitute without thinking too much about what is happening to the child in this family. They tend to regard child neglect and abuse as somebody else's business - welfare departments, juvenile courts, case workers, probation officers, etc. They rarely take official action in such cases unless it is gross and they feel the case warrants a criminal prosecution.

This reluctance of law enforcement to be involved is understandable:

They have their hands full with traditional criminal investigation work;

Law enforcement agencies are short of personnel;

Their training has emphasized criminal investigation; very few police officers in our State have any training in working with children's cases;

While they seem comfortable in handling the prostitute and the murderer,

they tend to become upset and emotional over child neglect and abuse; thus they avoid involvement when they can;

They may tend to regard children's cases as degrading to their public image - protection of society from the criminal.

But this reluctance to be involved is changing:

Police are more concerned with professionalization, salaries, recruitment.

More are seeking training in specialized fields, including juvenile court and work with children.

This training is emphasizing prevention as a proper function of law enforcement.

The police field is beginning to talk about the social responsibility of police; they are beginning to understand social problems and their relationships to criminal behavior; they are becoming accustomed to using community agencies as resources for help (an outstanding example is the Community Services Unit of the Crime Prevention Bureau of the Winston-Salem Police Department).

Role of the Courts

When one considers the role of our courts in child abuse, it is important to recognize that we are talking about two very different kinds of courts - the juvenile court and the adult criminal court. These courts operate under different laws and procedures, have somewhat different purposes and philosophies, and also differ in their authority over people. A brief outline view of each may clarify this point:

The juvenile court has non-criminal procedures, more like a civil proceeding; it is designed to provide treatment and protection to delinquent and neglected children; it has non-adversary juvenile court hearings without strict rules of evidence; it has authority over the child with very limited authority over parents.

In the criminal court, the case begins with a criminal warrant, arrest, jail of offender, etc; the accused has certain constitutional rights which must be

respected (attorney, bond, jury); the accused is presumed innocent until proven guilty beyond reasonable doubt; the trial is an adversary proceeding, with the results depending somewhat on the skill of the solicitor and defense attorney; criminal courts usually think more about punishment than treatment; the punishment is determined more by the offense than the needs of the offender.

Thus a child neglect or abuse case may go into these two different courts for different purposes - the juvenile court for protection of the child, to remove custody from his parents, etc. - the criminal court for prosecution and punishment of the abusive parents. Certain evidence might be admissible in juvenile court which would not be allowed in the criminal court under stricter rules of criminal procedure. Thus, the juvenile court might take protective action - remove the child from the custody of the parents, while the criminal court would have to dismiss the case because the offense is not proved beyond a reasonable doubt. Perhaps a case where both courts were involved would illustrate these points.

A North Carolina Case

In January, 1966, a North Carolina newspaper reported a classic case of abuse involving a 2-year old boy - one of four children in the family of a 24 year-old father and his wife. His parents took him into the hospital in a semi-conscious condition. The doctor testified in court that his skull was fractured, both arms were broken, several ribs were fractured. The child had "numerous cuts, lacerations and abrasions all over its body." It was the doctor's opinion the child had been beaten. Some of the fractures were several weeks old, others were recent. The skull fracture extended all the way across the child's head from front to rear; it was "a day or so old." The cuts and bruises were in various stages of healing, indicating the injuries were received piecemeal, rather than all at once. There was no indication that any of the injuries had ever been treated. When the physician asked the mother whether she had beaten the child, she denied it.

The child was brought into juvenile court on a petition alleging neglect. He was found to be neglected and placed in the custody of the county department of public welfare. This agency placed the child in a foster home after his release from the hospital.

These young parents were prosecuted in criminal court for child neglect. They plead not guilty. Both parents testified in their own defense, denying they had beaten the child. They said he had fallen and hurt himself twice recently. They denied the child had cuts and abrasions on his body when they took him to the hospital. Other defense witnesses testified that these young parents have a high reputation in their community, that they had never known them to beat or mistreat their children.

The criminal charges against these parents was dismissed. This case illustrates some of the problems that criminal courts have with such cases:

The lack of evidence, for there is seldom any witness other than the parents to child abuse; in North Carolina, neither husband nor wife would be a competent witness to testify against the other in a criminal case in which either was charged with child abuse or neglect;

The requirement that the offense be proved beyond a reasonable doubt; there was no evidence except the condition of the child; courts are reluctant to presume neglect and abuse, but some perhaps would rule that the condition of the child speaks for itself--proves neglect and abuse;

Even if the parents are convicted of violating the criminal law, the court faces a dilemma about how to use its authority - prison, probation, psychiatric treatment, etc. The judgment would vary with the understanding of the judge and the available community resources.

What about the child? The case worker in the county department of public welfare has been working with the parents during the time the child has been in foster care. After considerable improvement and change, the child has been returned

to his parents. This fact illustrates that good case work services at the community level can help parents become more responsible and mature people.

A Classic Case

While we don't know a great deal about child abuse, this case is somewhat "classic" in view of what we have learned from the studies of child abuse which have been done:

It is frequently the abusing parent who brings the child into the hospital, perhaps symbolically a plea that society "stop me" before I do more damage; this fact underscores the basic irrationality of such parental behavior.

The parents involved are young, immature people who are unable to cope with the pressures of parenthood - in this case a 24-year-old father with four children.

The child victim is often an infant who is too young to talk about the abuse - in this case, a two-year-old boy.

Child abuse usually occurs in the privacy of the home, where there are no witnesses outside the family.

What About the Future

In conclusion, let's consider a few alternatives for the future:

Could we develop programs which would increase public understanding of problems of child neglect and abuse? This would lead to public support for appropriate action; people care about children.

Could we make greater use of existing community agencies which are traditionally available at the community level to identify child abuse problems early so that appropriate protective action may be taken? Such agencies would be law enforcement, courts, public welfare, public health, family counseling agencies, schools, recreational personnel, etc.

Once these children are identified, could we develop approaches to help

these community resources to work effectively together for effective protective planning - identification of these children will have no meaning unless protective planning can be implemented. We cannot solve the complex social-legal-medical problems of child abuse by passing a law. The really important factor is how we use our new child abuse reporting law.

CHILD ABUSE

Robert A. Pittillo, Jr.
Assistant Superintendent
Raleigh Public Schools

In consideration of child abuse, I think it is first of all important to identify some of those things to which a child is entitled. Among basic principles or privileges to which every child is entitled, I would list the following: love, security, instruction, a set of values, interest, discipline, happiness, responsibility, food, clothing, and warmth. Among those that I have listed one or two may stand out. I choose to identify three for the purposes of this talk as standing out.

First is love. Each child is entitled to be loved by some adult or adults. Next, each child is entitled to a set of values. These must be workable values, reasonable values, lasting values, values that will serve as a yardstick which the child can use to gage his actions. Number three would be interest. Every child is entitled to and must have the interest of some adult. This interest must include an interest in him as an individual, in the way he thinks independently, an interest in his happiness. Children are naturally happy unless they have been subject to some maltreatment.

Now to discuss abuse, I would like to divide the types of child abuse that we as public school people confront into three basic categories: (a) physical, (b) emotional stress, and (c) neglect. These divisions would probably not stand an impeachment proceeding; however, they are analytical to the point that we can identify some of the actions and environments that shape the minds, bodies, and actions of our children. I sincerely believe that the most serious and most common abuses are those abuses that go undetected. When we have a hungry child, a cold child, a bruised child, we know we have child abuse; however, a child who is neglected or subjected to endless emotional stress often keeps his problems to himself. His outer personality will galvanize his inner self, and we observe a shell that some day may burst

before it bends.

I offer the following capsuled cases for your consideration, and I will let you make your own categorical determinations:

No. 1. Child comes to school frightened but unwilling to talk to anyone about her troubles. Another child reports seeing bruises on the child's hips and back. Child examined and found to be badly bruised. Father alcoholic.

No. 2. Child reports to a teacher that she has been molested by her stepfather. Upon questioning, evidence indicated that the stepfather has molested the child on a number of occasions.

No. 3. Child is one of three girls in family - overweight and slow to learn. Other two girls attractive. Overweight girl does not have enough clothes while other girls are well dressed. Mother resents child.

No. 4. Child has difficult time learning. Parents have college background. Determined child will go to college. Work with child constantly in effort to make him produce satisfactory grades. Will not consent to the child's being placed in classes for slow learners. Child is consistent failure.

No. 5. Child does average work in school. Parents are very busy. Have little time for school interests. Child has car and money. Does not have a time to be home. Parents do not know many of his friends. Seems only to be interested in society. Child comes to teachers for personal advice.

No. 6. Child may go or do as she pleases. Parents want social acceptance more than anything. Has beautiful clothes. Dates boys much older than herself. Has few if any restrictions. Can go when she pleases. Smokes and drinks. Has her own automobile. Resents authority of her teachers. When corrected, her parents resent action of school people.

No. 7. Have good income, good house, etc. Parents let child go out without knowing what time he will return. Do not know his friends. Make no attempt to learn about activities. Are not home on weekends. Not home when child comes home from

school. Purchase him an automobile as soon as he receives his license. Give money for asking. Do not worry about school as long as grades are passing and school official doesn't call. Do not attend any school functions. No time to talk to child. No duties prescribed for child.

No. 8. Good income, good house, etc. Restrict child from participation. Make no attempt to help child make friends. Offer child no encouragement to participate. Scorn that which is attractive to most youth. Will not talk to child about things of interest to him. Expect very good grades. Consider extracurricular activities a waste of time. Have picked child's university and profession.

I think all of the children described in the eight case studies are salient examples of child abuse. As we think of the role of the public school educator, I think we have the duty to help identify various types of child abuse. I think we need to encourage adequate diagnosis of incidents of child neglect, emotional stress and physical abuse, and in the case of emotional stress and neglect I hope educators can encourage an early diagnosis. Most adults who are guilty of any form of child abuse are unaware of what they are doing. We need as educators to lead people to measure their actions to discover their mistakes. For if the proper diagnosis is made at the point of its occurrence, I feel confident that a prognosis of good recovery will be in order. When we identify abuses we inflict upon our children, I think we are in a good position to correct our actions and provide the child a more wholesome world in which to live. The damage to the personality, to the ambition, to the thinking of children is difficult to correct.

In summary, when we send a child out into the world of work and play without the strong durable clothing of reasonable restrictions and a diet of moral principles and values, we are guilty of child abuse. Every child is entitled to love, to interest, to guidance, to responsibility, discipline, to adequate clothing and food, and to a set of moral values. These provisions will protect him from disease, from cold, insecurity, danger, unacceptable behavior and unacceptable friends. Out of the issue

will come a happy child. Again, I point out that it is natural for children to be happy -- it is unnatural for them to be frightened, bitter, and uncommunicative. Without making proper provisions for our children, responsible adults are guilty of child abuse.

SUMMARY

Donald J. Stedman
Department of Psychiatry
Duke University

This country is in the midst of a massive drive to improve the lot of children. There is a major trend toward improving child care and toward enriching and arming institutions and agencies to reach the expanding child population with their aid and intervention. At the same time, there is increasing evidence in this movement that large segments of the child population need outside help and there is historical evidence that the help can be both beneficial and effective.

The paradox is that the drive, the trend and the movement are on collision course with the Law.

Problems arising from interpersonal, group, family or parent/child behavior bring with them issues of motivation, intent, competency, psychological

stability and stress. These are complex and unpredictable factors that do not lend themselves nicely to control or treatment by the specificities of Law. Problems arising "live and in color" from life situations do not seem the same "taped and in black and white" in legal codes and courtroom procedures. This situation is no more apparent than in the area of child abuse.

From the outset of the conference the dissonance between the problem and its solution is staked out in clear documentation by case history, by research report, by historical experience. It is dissected medically, tested psychologically, briefed legally, presented socially and analyzed administratively. It is defined from the most molecular condiserations of long bone fractures evidenced by X-ray to such molar considerations as over-protection, parental resentment or over-determination of a child's future.

The boundaries of the problem to be considered are difficult to establish. But this must be the beginning step, "For if there is to be a solution to any problem, that problem must be clearly defined and completely understood . . ."(1) Yet, we early confined "our inquiries to the physically abused child . . ." and "instances of aggressive acts to children . . ."(2) though we concurred that

(1) Lieutenant Governor Robert W. Scott

(2) Dr. Alice D. Chenoweth

"child abuse is almost inevitably associated with an accumulation of stresses in the family" (3) which do not always culminate in visible, but perhaps "equally damaging . . . psychological abuse." (2)

Physical abuse is visible. It suggests intent but does not prove it. Neglect or psychological abuse is more vague, invisible, and often, in accordance with Law without witness, evidence or intent.

"Mary Ellen was beaten daily by her parents and was seriously malnourished." (4) This seems a clear enough case. But "available research indicates that child abuse is rarely willful or deliberate cruelty by the parents." (4) What is willful or deliberate?

The Social Sciences have, for the most part, accepted the concepts of "unconscious motivation" and irrational impulse but the Law is still struggline with these concepts. For if behavior is determined outside the free will or control of the individual, where does the Law stand?

If parents are found to be "emotionally disturbed," "immature," "neurotic" or some other label, does this take them off the legal hook? Or, is it sufficient punishment to remove their crippled child from them?

By what right or by what criteria do we do that?

(3) Miss Elizabeth Elmer

(4) Mr. Mason P. Thomas, Jr.

Our first attempt has been to avoid dealing with this problem directly by concentrating upon who reports rather than who gets reported. However, a broader reporting law has not gone far toward reducing the problem. Anyone in North Carolina who wants to can report the observation of a Yellow Bellied Sapsucker. The trick is the recognize one when you see it and be interested enough to report it. However, the reports, no matter how they increase, will not effect the occurrence of old Y. B. S. unless we so trample the woods that we alter the environment in which he can live. Mr. Thomas suggests this when he points out the minimal impact our new reporting law has had on child abuse.

Unless we so define the problem of child abuse that we can recognize it, then we cannot expect reports to be either frequent or reliable and we cannot expect improvement in the situation. And unless we recognize that it is a consequence of complex behavioral interaction that cannot be defined in the usual legal terms, then we have little hope of achieving a reduction in the problem.

Coming to grips with these realities was the thrust of the Conference. The Conference constituted the first rational beginnings of a difficult task. It gathered together the best available people from a variety of disciplines to pool their views and their advice to a state that refuses to skirt issues, preferring instead to meet problems head-on for solution.

An educator, a lawyer, a social worker, a government official, two university physicians, a psychologist, a public welfare director and a National

Children's Bureau Chief combined their experience to highlight the complexity of the problem of child abuse.

Each in due course reduced the requirements for solution to the problem to three:

1. The need for more clarity in difinition and research on factors leading to abuse, both physical and psychological.

2. The need for public education on the dangers of child abuse and their role in combating it.

And, 3. The need for comprehensive but flexible legislation to protect children, to protect parents, and to protect reporters of suspected abuse.

None of these requirements is arrived at simply as the testimony suggests. But all agree that each must be achieved. All concur that the nature and extent of the problem of child abuse warrant our every effort to move ahead--to probe for the answers--and consequently to advance our knowledge of families and children--not simply for North Carolina's progress but for the advancement of man.

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